



ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGE
 NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY
 DIVISION OF WATER QUALITY
 SFN 62252 (11-2022)

FOR DEPT. USE ONLY Date Received

To Comply With 40 CFR 441.50 Effluent Limitations Guidelines and Standard for The Dental Office Category.

In accordance with federal law (Title 40 of the Code of Federal Regulations Part 441), this form must be completed and returned by the applicable due date. For any new dental discharger or for any existing dental discharger that has a transfer of ownership, the report must be submitted within 90 days after: the opening date of the new dental facility; or the effective date of the transfer of ownership, respectively. Dental dischargers operating under the same ownership whose first discharge occurred on or before 7/14/2017, should submit this report as soon as possible but in no case any later than 10/12/2020.

IDENTIFYING INFORMATION			
Dental Business Name		Owner Name (Legal Name of person, company, or entity)	
Street Address (including building and/or suite)		City	State ZIP Code
Mailing Address (including building and/or suite)		City	State ZIP Code
Contact Name			Primary Telephone
Email Address			Secondary Telephone
Dental Business Owner Type <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Governmental Agency <input type="checkbox"/> Other Institutional Organization			
Date Dental Business Started Operation at Facility		Effective Date of Most Recent Ownership Transfer	

REGULATORY EXEMPTIONS CLAIMED	
Based on any of the following criteria, dental business may qualify for an exemption from: amalgam separator installation and maintenance requirements; and implementation of prescribed best management practices. Mark the check box and include your initials to certify each exemption claimed. If claiming an exemption, you may proceed to the Compliance Certification section.	
<input type="checkbox"/>	"The dental business identified exclusively practices one or more of the following dental specialties: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics." _____(initials).
<input type="checkbox"/>	"The dental business identified conducts all dental services from one or more mobile units (defined as a specialized mobile self-contained van, trailer or other equipment used in providing dentistry services at multiple locations)." _____(initials).

<input type="checkbox"/>	<p>“The dental business identified collects all dental amalgam process wastewater for transfer and hauling to a Centralized Waste Treatment facility as defined in 40 CFR 437.”</p> <p>_____ (initials).</p>
<input type="checkbox"/>	<p>“The dental business identified does not place dental amalgam and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances (according to the rules this means that, on average, less than 5% of the removal procedures involve dental amalgam, and that the business does not stock amalgam capsules or accept new patients with amalgam fillings).”</p> <p>_____ (initials).</p>

PROCESS OVERVIEW

Total Number of Chairs	Number of Chairs (<i>which dental amalgam wastewater may be produced</i>)
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Number of Amalgam Separators or Equivalent Amalgam Removal Devices Currently Installed

Amalgam Separator Information (*enter information below*)

Manufacturer Name	Model	Year Installed	Number of Chairs Served	Is Separator Certified Under ISO 11143 Standard?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Equivalent Amalgam Removal Device Information (*enter information below*)

Manufacturer Name	Model	Year Installed	Number of Chairs Served	Average Removal Efficiency of Equivalent Amalgam Removal Device as Determined By 40 CFR 441.30(a)(2)

THIRD-PARTY SERVICE PROVIDER

Is a third-party service provider used in maintaining amalgam separators or equivalent devices?

Yes No

Servicer Name (<i>Legal Name of person, company, or entity</i>)	Contact Name
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Street Address (<i>including building and/or suite</i>)	City	State	ZIP Code
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Email Address	Telephone
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If a third-party service provider is NOT used for such services, provide a brief description of in-house practices employed by the dental business to ensure proper operation and maintenance of these separators or devices in accordance with 40 CFR 441.30 and 40 CFR441.50:

SIGNATURE

Authorized Representative for Dental Business

Identify an Authorized Representative for the Dental Business below. For a corporation this must be a responsible corporate officer meeting the requirements of 40 CFR 403.12(l)(1). For partnerships or sole proprietorships this must be a general partner or proprietor, respectively. For government agencies or institutional organizations this must be the director or highest appointed official designated to oversee the business operations.

Printed Name	Signature of Authorized Representative
Title	Telephone Number

**Duly Authorized Representative for Dental Business
(Not valid without signature of Authorized Representative above)**

<p>RETURN COMPLETED APPLICATION TO:</p> <p>North Dakota Dept. of Env. Quality Division of Water Quality 4201 Normandy Street Bismarck, ND 58503-1324</p> <p>Telephone: (701) 328-5210 Fax: (701) 328-5200</p>	<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Printed Name of Applicant(s)</td> <td style="width: 40%; padding: 5px;">Title</td> </tr> <tr> <td style="padding: 5px;">Signature of Applicants(s)</td> <td style="padding: 5px;">Date</td> </tr> </table>	Printed Name of Applicant(s)	Title	Signature of Applicants(s)	Date
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